





### **Topic 4: Gender Identity Disorders**

#### T04-0-01

### Penoscrotal flap vaginoplasty in Male-to-Female transsexualism

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The transsexual is a person who suffers a profound identity disturbance caused by physical characteristics which do not correspond with mental traits and tendencies.

The persistent sense of contradiction between sexual appearance and inner perception causes a strong need of harmonization. This condition can be reached by undergoing Sex Reassignment Surgery.

Penoscrotal flap vaginoplasty represents the most widely used technique in Male-to-female transsexualism. Other techniques are represented by Simple penile skin inversion and Enterovaginoplasty.

Common surgical steps in performing a penoscrotal flap vaginoplasty are: penile degloving, excision of corpora cavernosa, bilateral orchidectomy, creation of a retroprostatic space where to allocate the neovagina.

Costitution of the neocavity will be made by assembling scrotal and penile flaps by three interrupted sutures at level of cul-de-sac, right and left edges.

Fixation of the neovagina is made by performing a simple, personal technique which expects that prolene stitches are passed through the Denonvillier's fascia and the penoscrotal flap at level of cul-de-sac.

In a 15 years personal experience, we performed 169 SRS operations on M-to-F patients: 103 (61%) were performed as penoscrotal flap vaginoplasty, 57 (34%) as simple penile skin inversion and 9 (5%) as colovaginoplasty.

In our experience, a significant number of patients were satisfied with chosen surgery and felt comfortable with their new post-operative gender. Taking into account all the complications involved none of the patients felt regret and all would recommend the same operation to others.

Overall results of studies carried out on patient satisfaction before and after SRS, show a net post-surgery improvement of patient sexual life.

#### T04-0-02

## Ethical problems of sex reassignment surgery for transgenderism

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**Background:** Few cases of transgenderism were reported in Romania before 1989; these persons were frequently labeled as delinquent and imprisoned for both their sexual orientation and the sexual identity disorder, being in contradiction to the socialist ethical codex. Therefore, they were obliged to hide their need for truth and coming out.

**Objective:** to describe the development of the legislative changes in the field of human rights and their personal consequences.

**Design and methods:** We will describe the case of a young mentally retarded man who asked for sex reassignment surgery and social rehabilitation in spite of poor knowledge about the medical and social consequences. The two steps were fulfilled although at least three major contraindications were ignored.

**Results:** the sex reassignment surgery proved to be unsuccessful, the patient being obliged to endure the status of "no sex". This latter confusion determined the patient to ask a further surgical procedure in order to regain his previous status. Media presented for more than 10 years the case in detail, without any concern of privacy.

**Conclusions:** The application of the current legislation in the field, the fulfillment of the medical, social and vocational conditions along with the real life test and the personal context should be weighted maturely in each case before the surgical reassignment procedures.

#### T04-0-03

# Model of an integrated intervention in a public health service for GID people

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